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ABSTRACT

Postponed childbearing increases the likelihood that the responsibility for caring for frail elderly parents will coincide with the period of active mothering. A woman who is 40 at the time she first becomes a mother may easily have parents or other family members over the age of 65, or even over 85 years of age. Noting that 44 percent of women who assume the care of elders in their family are employed, this paper explores the daily realities represented by the confluence of these major demographic trends. Among the issues discussed are integrating the roles of working full-time both at home and in the work place, caring for the elderly and its impact on the family, and selecting in-home or family day care options. The paper makes recommendations which include goals to: (1) provide recognition and assistance for women in their roles as caregivers throughout the life cycle; (2) begin in elementary school to teach the skills and attitudes necessary for nurturing to both males and females so that nurturing skills will be valued in adulthood irrespective of gender; and (3) expand the availability of care options for both young children and the elderly. Contains 26 references. (SM)

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Motherhood postponed: The Impact on Family and Society

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Technological advances are stretching the outer boundaries of aging creating a shift in the timing of developmental landmarks in adult life. Women are balanced on the high wirer of these changes. As beneficiaries and victims of increased longevity and life options, they may alternately feel the role of performer or of the taut wire, itself, stretched to the limit without the safety net of community supports and services to fall back upon.

Medical procedures that successfully separate the continuum of pregnancy into potentially individually chosen and managed segments from conception through gestation and delivery have created a veritable catalogue of options that could ultimately allow a woman to select those aspects of physiological motherhood, she wished to experience. Although these medical alternatives currently carry a high price tag, the repercussions of the sense of limitless flexibility is already being felt as more women opt to postpone their embarkation into motherhood until the third and even fourth decade of life. Two decades ago, approximately 76% of women age 31-35 years old had given birth to their first child by age 21

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(U.S. Bureau of the Census, 1978). By 1988, only 39% of ever married women had become mothers prior to their 25th birthday (U.S. Bureau of the Census, 1987). A questionnaire distributed at a Radcliff College reunion by Brooks-Gunn and Kirsh (1984) revealed that the class of 1947 had more children at younger ages that did those graduates in the class of 1962. Fifteen percent of these younger women had children well into their 40's. This limited survey is supported by more comprehensive U.S. population statistics. The first birthrate for women 35-39 has increased by 8% since 1972, while during the same time period, there has been a 33% increase in the rate of first births to women 40-44 years of age (U.S. Bureau of the Census, 1978).

Women's proactive decision to take on the role and responsibilities of motherhood as they approach and move into their 40's is defying the cultural stereotype of the mid-life woman that has long been colored by the metaphor of menopause (Martin, 1987) picturing women collapsing into a period of decline, emptiness, and loss (Long & Porter, 1984). By contrast, mid life women themselves are optimistic that their lives are changing for the better as they look forward to many more options (Taylor & Gilbert, 1988) in the workplace, home and community.

Nevertheless, the optimism of changing sentiment and life choices may become overshadowed by a new reality. Women in heir 40's are likely to assume the care of aging parents. Postponing

motherhood increases the probability that a woman will be faced with weighing the needs of her own children against those of her aging parents: Needs that are financial, such as paying for nursing home care vs. saving for college, and needs that are fixed in time, attending school plays and meetings vs. driving elders to doctor's appointments and the over arching need to listen and provide emotional support.

People age 65 years old and older represent almost 13% of the population (Olshansky, Carnes & Cassel, 1993) as compared to 4% in 1900 (Soldo & Agree, 1988). Not only is this population increasing rapidly (Soldo & Agree, 1988), but the portion that is 85 years old and older constitutes the most rapidly expanding segment of the American population (Rybash, Roodin & Santrock, 1991). The initial improvement in survival rate was the result of improved sanitation and the discovery and use of antibiotics and vaccines (Soldo & Agree, 1988). The recent decline in mortality reflects medical advances that allow people with such degenerative diseases as heart disease, strokes and cancer to live longer (Soldo & Agree, 1988; Rybash, Roodin & Santrock, 1991; Olshasky, Carnes & Cassel, 1993). While the years between 65 and 85 are increasingly years of health, nearly half of those individuals 85 years old and older need some form of assistance in carrying out some of the basic self care activities (Soldo & Agree, 1988). Although frailty is not synonymous with old age, longer life spans have resulted in longer periods of increasing incapacitation. "Frailty and disability

(still remain) the dark side of aging" (Olshansky, Carnes & Cassel, 1993; p. 52).

This morning, I would like to continue to explore the daily realities represented by the confluence of these major demographic trends.

Women who postponed parenthood expect this project to remain under their control both in its inception and its development. The actuality does not always follow this expected scenario. Despite the ability of new medical technology to stretch the limits of a woman's reproductive years, one of the major problems of postponing child bearing is decreased fertility. A substantial decline in fertility rate occurs for women after 35 years of age (Davajan & Mischell, 1986) due to the increased likelihood of accident and illness in both the older woman and her usually older mate that combine with aging to ultimately affect fertility (Dewhurst, 1981; Davajan & Mishell, 1986). If this initial delay is overcome, women face the increased possibilities of miscarriage, increased probabilities of chromosomal and congenital abnormalities as well as increased rates of neonatal mortality (Danforth & Scott, 1986; McCarthy, 1987).

The decision to undergo prenatal diagnostic testing appears to transform the psychological reality of pregnancy (Daniels & Weingarten, 1992). Fears of miscarriage my combine with anxiety

over the possible need to confront elective abortion. This may delay the acceptance of the pregnancy. The most trying period of time for these mothers occurs between the time they see a sonogram of the fetus and hear the heartbeat, until the time when the results of amniocentesis is available (Kuchner & Porcino, 1988). Knowledge of the fetus's gender may unleash powerful traditional gender stereotypes prior to birth. Without this information, mothers feel freer to experiment with alternative androgynous interpretations of temperament and ability in their internal imagery (Kuchner & Porcino, 1988). Current diagnostic tests are not sufficiently sensitive to reveal all manner of congenital abnormalities. Nevertheless, mothers recall the moment that they learned the results of amniocentesis as a pivotal event in their journey to parenthood (Daniels & Weingarten, 1982). As a moment in time, the event stands out even more dramatically than the childbirth itself. This phenomena is even more striking when compared to the emotionally charged detail with which the event of childbirth is remembered by mothers who were in their early 20's when they gave birth to their first child.

As a cohort, women in their late 30's to mid 40's have been in the vanguard of female labor force participation. The initial delay of motherhood was fueled as much by concerns for career momentum as by the belief that their hard won nontraditional roles would be undermined by motherhood (Kuchner & Porcino, 1988). It may be too soon to determine the extent to which these personal

fears were realized. Certainly, labor force participation by the group as a whole has not wavered. Over 66% of women 35-44 in the labor force have children (Bouvier & DeVita, 1991). Half of this group have one or more children age 6 or younger (Bouvier & DeVita, 1991). Neither work experience nor the media's perpetuation of the myth of the "supermom" (Griffin, 1987) prepares mid life mothers for the around-the-clock reality of motherhood. Walters (1986) found that late-timing mothers more than women who entered motherhood in their 20's found that they were uncomfortable with someone being dependent upon them. They were distressed by their own inability to function at the level of competence, expertise and control they had come to demand of themselves. They missed the positive feedback built into their job structure. In contrast to younger first time mothers who found satisfaction in the opportunity for physical closeness and immersion in the feelings and tempo of their babies needs, the older first time mothers studied by Walters (1986) were dissatisfied with preverbal interactions and described having difficulty in playing with their babies while remaining flexible to respond to changing moods and events. Whereas early-timing mothers described their babies as "extensions of themselves," mid life first time mothers had clear and separate identities of themselves as workers and mothers. The most difficult aspect of motherhood for them was not having time for themselves. Anne Hunter (1990) found that mothers of young children rarely feel that they have more than 15 minutes to a half and hour to themselves in a day.

Although older first-time mothers are more likely to report that their own needs are the main factor influencing daily decisions, one of those needs may be having more time for their baby. Many are surprised by this reaction to motherhood. Mid-life women who expected that they would readily choose career based activities over mothering when the two were juxtaposed have found themselves feeling that work was interfering with their own desire to be available for their baby (Daniels & Weingarten, 1982; Walters, 1986). Expertise and seniority may enable some of these women to negotiate part-time or flexible work schedules. Indeed, mid-life mothers with managerial and professional experience are helping to increase the awareness of the need for a family responsive work place. Nevertheless, the majority of employed mothers work full-time both at home and in the work place. The orchestration and supervision of the myriad details of daily household maintenance from food purchases and preparation, room care and cleanliness to appropriateness and availability of apparel ultimately fall on their shoulders (Bronfenbrenner & Croute, 1982; Clarke-Stewart, 1982; Daniels & Weigarten, 1982). Integrating these two roles involves placing limits on time and continuously tapping emotional reserves, psychological tasks that our society does not require of men. Women predominantly face the issue alone (Skinner, 1986). Employment outside of the home often inhibits the development of neighborhood social structures. Opting for periods of time at home after the birth of a child or rearranging work

schedules may result in subtle distancing from colleagues at work (Kuchner & Porcino, 1988). Together these forces contribute to the social isolation of mothering particularly in the earliest months. The selection of in-home or family day care options which are favored by older first time mothers (Frankel & Wise 1982) may further exclude the older new mother from contact with other women and families with children similar in age to her own. Being out of phase in relation to parenting issues may make it more difficult to establish friendships based on the mutuality of experiences. While women in their 20's turn to parents and even their own grandparents for assistance and understanding, if not full time child care, (only 16% of children under 5 years old are cared for by a grandparent full time), mid-life mothers are unlikely to call upon their own parents for support or advice (Daniels and Weingarten, 1982; Fankel & Wise, 1982; Walters, 1986). In fact, the care of this generation may evolve into an additional source of role conflict.

Postponed childbearing increases the likelihood that the responsibility for caring for frail elderly (sometimes described as the old-old) will coincide with period of active mothering. A woman who is 40 at the time she first becomes a mother may easily have parents or other family members who are over 65, even over 85 years of age. Forty-four percent of women who assume the care of elders in their family are employed (Bouvier & DeVita, 1991). Currently 20% of these caregivers still have children in the home

(Bouvier & DeVita, 1991). The assistance required by the oldest citizens range through grocery shopping and meal preparation, transportation, assistance with forms and correspondence to help with personal hygiene and the simple but repetitive demands of getting in and out of bed. Researchers have calculated that on the average elder care requires over 6 1/2 hours per day (Hu, Huang and Carter, 1986 cited in Parks & Pilisuk, 1991). Care of this nature may extend over 6 years or more (Noller & Fitzpatrick, 1993). Older men are more likely to have a surviving spouse to provide some of the needed attention and assistance whereas the bulk of the care for older, frequently widowed women is carried out by daughters or daughters-in-law (Soldo & Agree, 1988). There is evidence that adult sons only become caregivers of frail parents in the absence of an available female sibling or spouse (Horowitz, 1985 cited in Kaye & Applegate, 1990). Daughters who are employed full time are more likely to provide direct care than are sons (Noller & Fitzpatrick, 1993). The aid proffered by sons is usually managerial in nature involving arranging for others to be available to assist on a daily basis (Noller & Fitzpatrick, 1993). Although men recognize their financial responsibility for the care of their parents, they usually handle it at a geographical and psychological distance. Women, on the other hand, feel an emotional closeness frequently identifying with the needs of their elderly mothers and occasionally denying the reality of their aging. Sharing a household with a frail parent may require adjustments that are both physical and psychological in order to accommodate the safety,

hygiene and dietary needs of an elderly parent. Children may feel threatened or embarrassed by these changes and intrusions. Loss of privacy may generate tension between spouses. Although time spent caring for elderly parents can become a focus of arguments between husband and wife (Noller & Fitzpatrick, 1993), seeking assistance from outside the family is usually viewed as a last resort (Soldo & Agree, 1988).

Women who have postponed motherhood until mid-life may feel especially haunted by the sense of their own mortality. They voice a need to teach their child everything in a short period of time (Walters, 1986) and are concerned by signs of their own lowered physical energy (Daniels & Weingarten, 1982; Frankel & Wise, 1982; Walters, 1986). This may be amplified when they are simultaneously adjusting to the aging of their own parents. Increased identification with elderly parents may heighten an older mother's sense of her own vulnerability. Indeed, the lower birth rates that go hand-in-hand with postponed motherhood may result in fewer adult caregivers when the current generation of mid life women reach their 80's (Bouvier & DeVita, 1993).

How can society relieve the pressures of this sandwiched generation and be prepared to provide for the expanding population of elderly without sacrificing the needs of the youngest members of the community? Currently government expenditures for the elderly

are three times greater than they are for children (Soldo & Agree, 1988).

My policy recommendations focus on respect for personal preference, the provision of a range of services and the recognition of the true value of care giving services. This would include goals that

1. Provide recognition and assistance for women in their roles as caregivers throughout the life cycle including:

   a) acknowledgement of their wage worthy contribution;
   b) provision of access to pensions for women in their own right without penalizing them for time spent in care giving;
   c) creation of networks of neighborhood supports to compensate for the isolation of caregiving;
   d) monitoring the implementation of the Family Leave Act to insure that positions are held for women whose absence from the work place is temporary.

2. Begin in elementary school to teach the skills and attitudes necessary for nurturing to both males and females so that these will be valued in adulthood, irrespective of gender through:

a) establishing elementary and junior high school links with child and adult day care centers;

b) teaching responsible caregiving through observation interaction and discussion in the elementary school years;

c) developing schools into multiservice community centers

d) incorporating community service into the junior and high school curriculum.

3. Expand the availability of care options for both young children and the elderly by:

a) requiring the registration and certification of home care providers for both youngsters and oldsters;

b) increasing the availability of community and work place day care centers to provide affordable quality care for infants, toddlers, preschoolers and the frail or impaired elderly. Model intergenerational programs accommodate the needs of this entire range within a single facility;

c) developing respite care for families caring for frail elderly;

d) establishing community networks to exchange skills and services;

e) providing tax credits for home improvements that facilitate independent living for the elderly or that add safety measures for the care of young children.

The 21st century will require a heightened awareness of generational interdependence. Generations United at the national level and New York State Intergenerational Network at the state level are working examples of groups organized to provide intergenerational programming and policy. However, if we are to accommodate to the ever changing technology, we need to begin in childhood to nurture an appreciation for the caring side of our humanity.

Thank you.

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